VEC FC-34SN - Statement to Correct Previously-Reported Social Security Numbers.

This form is web-enabled: type information, print, sign, and mail completed form. Detailed instructions are available on our website (WWW.VAEMPLOY.COM) under *Employer Services*.

Virginia Employment Commission

Tax and Wage Reconciliation Unit, Room 116
PO Box 1358
Richmond, Virginia 23218-1358

VEC Account Number				Federal ID Number			
Employer Name				Quarter Ending		Year	
Employer Address				Check if new			
Employer's Phone Number En				Employer's E-mail Address			
			Prepare	Preparer's E-mail Address			
	Correct SSN	Name (I		Use all UPPERCASE)	Wages	Wages Reported	
Incorrect SSN		FI	MI	Last	_	uarter	
CERT	TIFICATION: I (or w	ve) certify	that the in	formation contained in this report i	s true and correct.		
Signature				Date			
Printed Name							